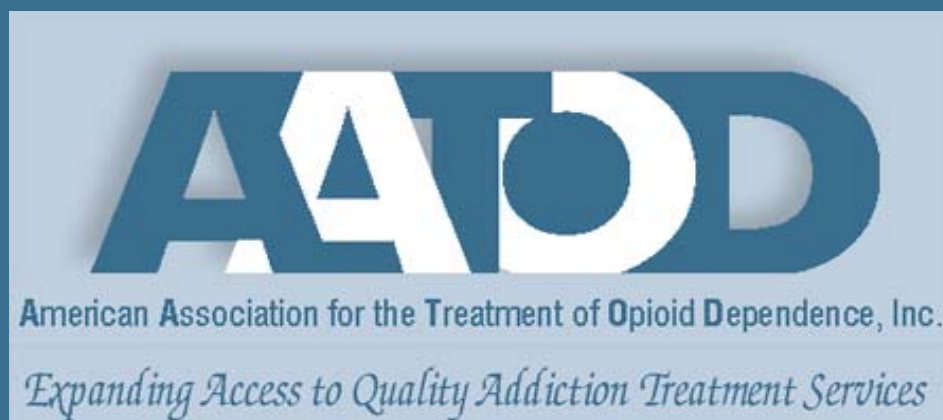


“Developing Trends in Methadone/Buprenorphine Treatment in the U.S. and Europe”



Mark W. Parrino, M.P.A.

Methadone 'ALERT' Conference

MMT Timeline

1963-1964

Drs. Dole/Nyswander MMT research project started at Rockefeller University

1965

Dole/Nyswander MMT research published in *JAMA*

1971

Nixon appointed Jerome Jaffe, MD, Director of SAODAP

1972

FDA Federal Methadone Regulations established

1974

Narcotic Addiction Treatment Act defined MMT

MMT Timeline (Continued)

1981

AIDS detected in CA and NY

1984

HIV identified as cause of AIDS

1985

AIDS-related illnesses identified as major cause of MMT patient deaths

1990

GAO report issued; HCV (Hepatitis C) test was developed

1992

Congress created CSAT within SAMHSA

1995

IOM "Federal Regulation of Methadone Treatment" report issued

MMT Timeline (Continued)

1997

NIH Consensus Statement issues calling for expansion of MMT

2001

Fed Regulations revised to include accreditation process

2002

Buprenorphine approved

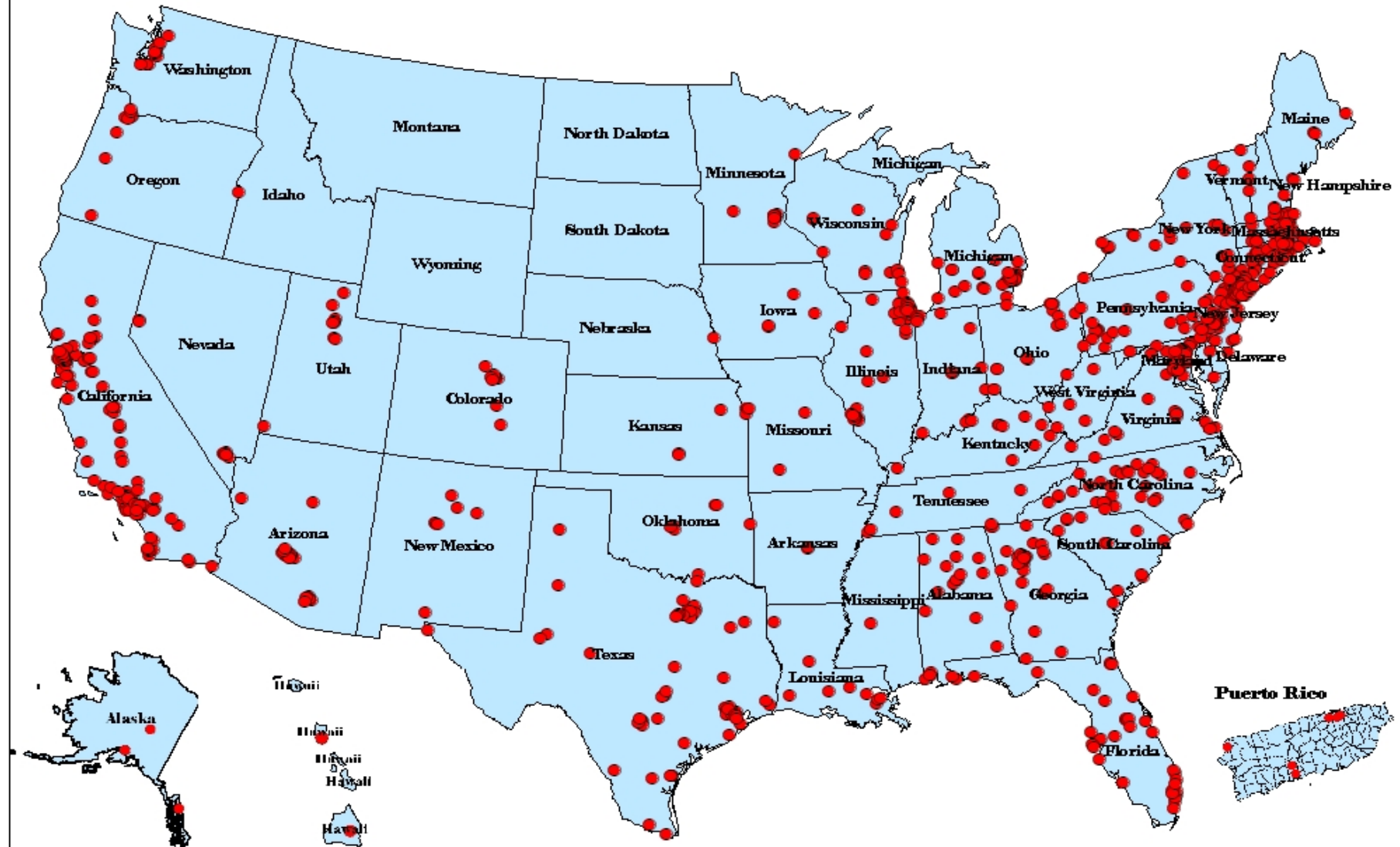
2005

40th anniversary of MMT



1203 Opioid Treatment Programs in the United States

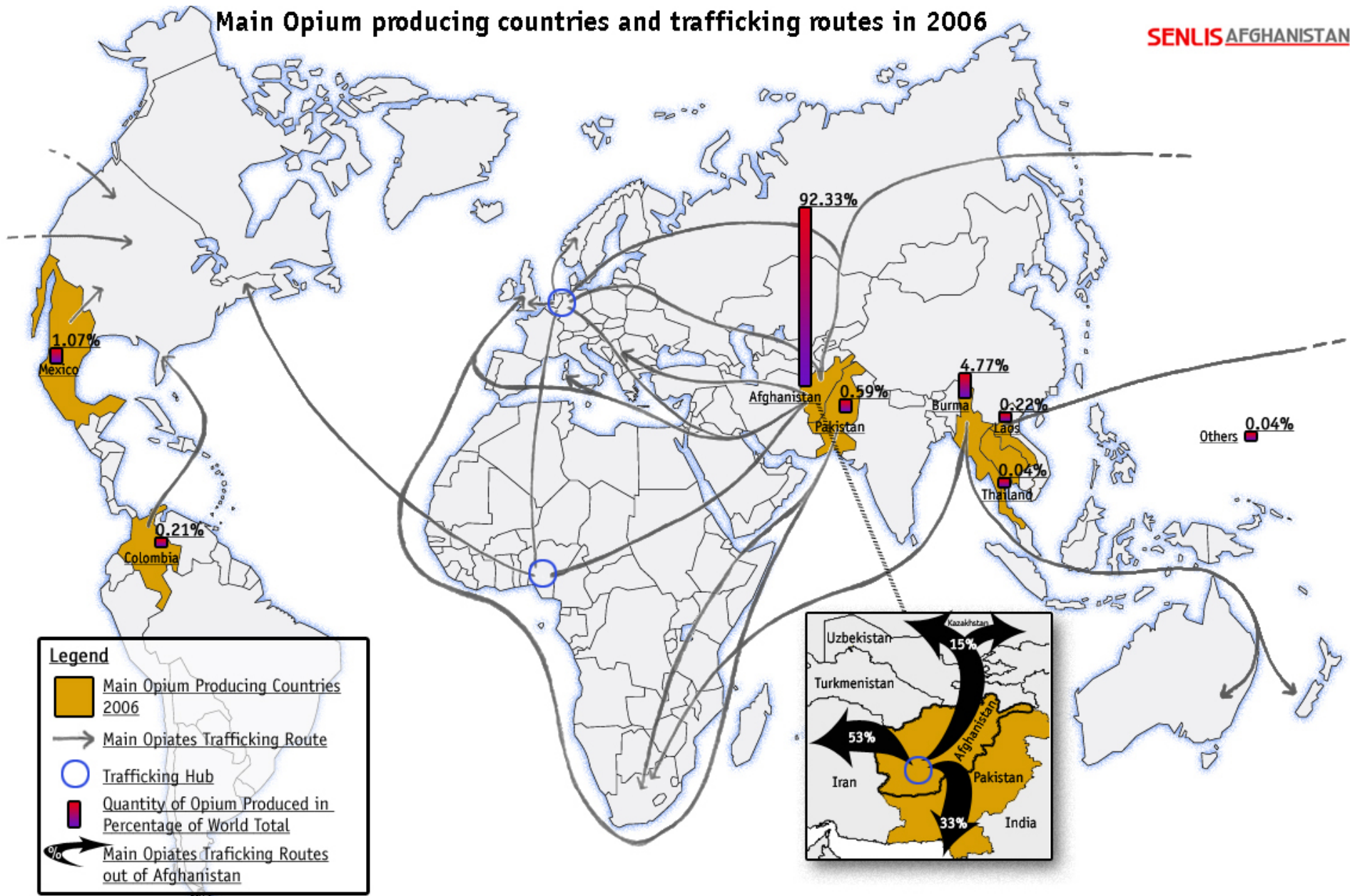
Updated August 2008



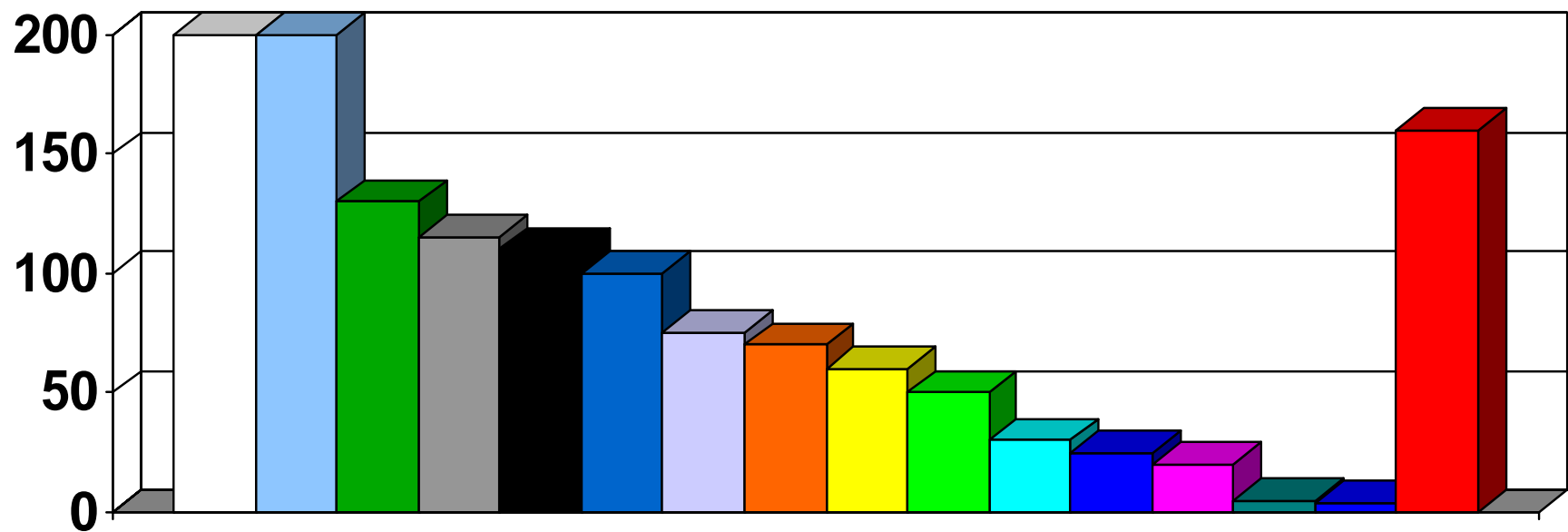
Source: National Survey of Abuse Treatment Services (N-SSATS)

Main Opium producing countries and trafficking routes in 2006

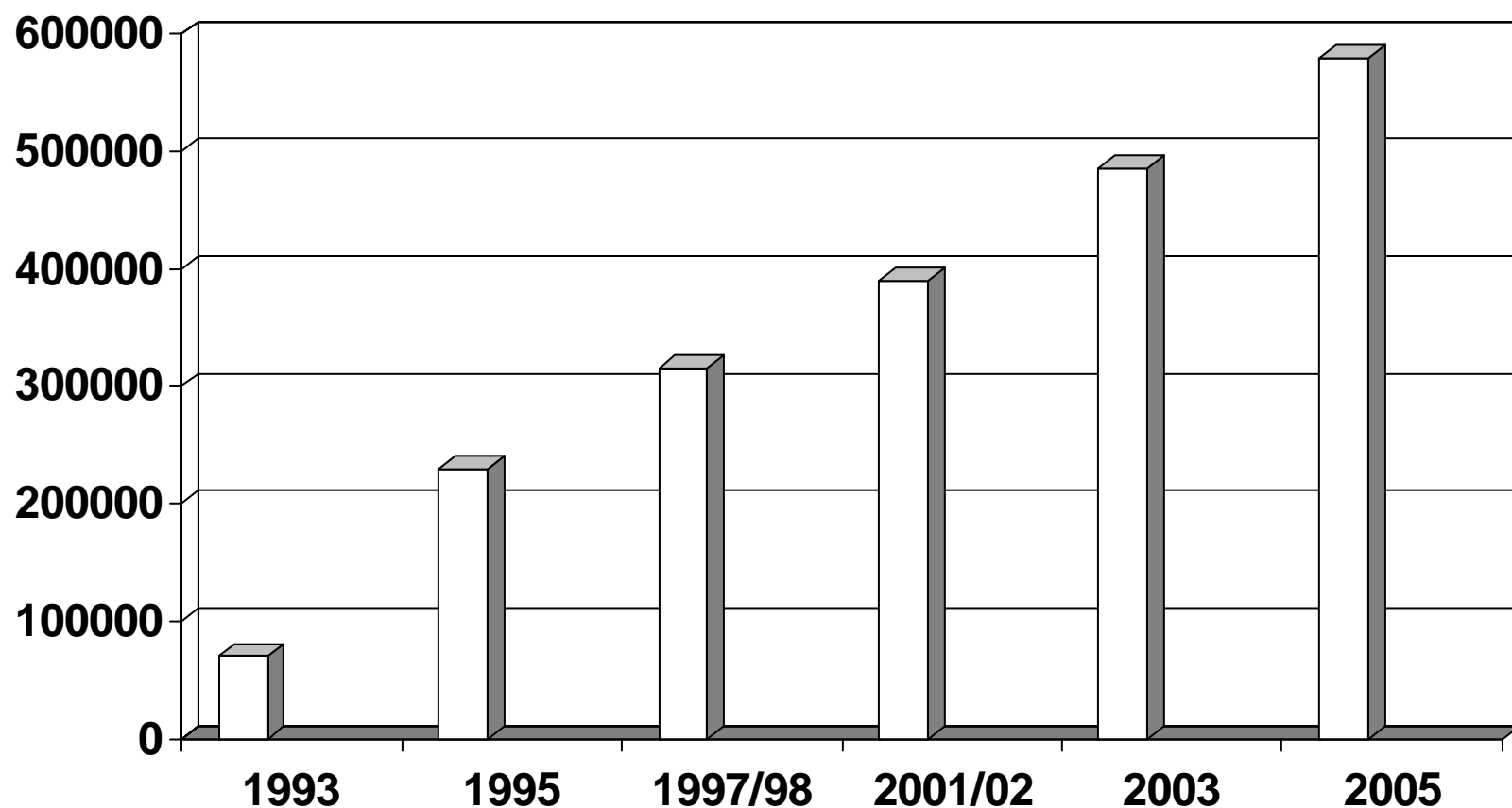
SEN LIS AFGHANISTAN



Estimated Opiate Dependent Drug Users in Substitution Treatment per 100,000 Population



Development of clients in substitution treatment in EU-15 (EMCDDA 2007)



USA Today – February 13, 2007

Deadly abuse of methadone tops other prescription drugs

Only cocaine kills more by overdose

By Donna Leinwand
USA TODAY

Methadone, a painkiller that has been used to treat heroin addicts for decades, has emerged as an increasingly popular and deadly street drug, joining narcotics such as Vicodin and OxyContin as frequently abused prescription drugs.

Fatal overdoses of methadone rose at a higher rate than those involving any other narcotic from 1999 through 2004, according to a recent study by the National Center for Health Statistics (NCHS). The number of deaths from methadone in 2004 (3,849) represented a 390% rise from 1999, the study said.

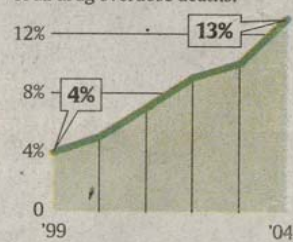
Methadone was cited in nearly 13% of all the overdose deaths reported in the USA in 2004, up from about 4% five years earlier. Among drugs cited in fatal overdoses, only cocaine kills more people than methadone.

The NCHS study — and reports from coroners nationwide that the trend is continuing — indicate that doctors' increasing tendency to prescribe methadone as a cheap alternative to addictive pain relievers such as OxyContin has made it easier for addicts to get methadone, the Drug Enforcement Administration's Denise Curry says.

"It's out there, it's available, and it can be dangerous," Curry says.

Lethal painkiller

Methadone deaths as a percentage of all drug overdose deaths:



Source: National Center for Health Statistics.
(Latest data available)

By Julie Snider, USA TODAY

Methadone's dangers

■ Street availability up, 3A

Pharmacies report that methadone is among the most popular drugs stolen, along with Vicodin and OxyContin, she says.

At about \$20 a pill on the black market and pennies a dose when prescribed, methadone is considerably cheaper than such opiates.

Methadone has long been viewed as a relatively safe and effective narcotic, in part because its effects are gradual and it can ease withdrawal symptoms for recovering heroin addicts.

However, it also is addictive, and drug addicts account for most methadone-related deaths, says Nicholas Reuter, a senior public health analyst at the Substance Abuse and Mental Health Services

Administration.

Reuter says the problem is complicated by doctors who prescribe methadone incorrectly and patients who do not follow directions in taking it. On Nov. 26, the Food and Drug Administration warned doctors that "prescribing methadone is complex" because it eases pain up to six hours but can stay in the body 59 hours. Patients may want more before the dose wears off, the FDA warned.

"Methadone may build up in the body to a toxic level if it is taken too often, if the amount taken is too high, or if it is taken with certain other medications," the FDA said.

Authorities nationwide cite rising methadone fatalities:

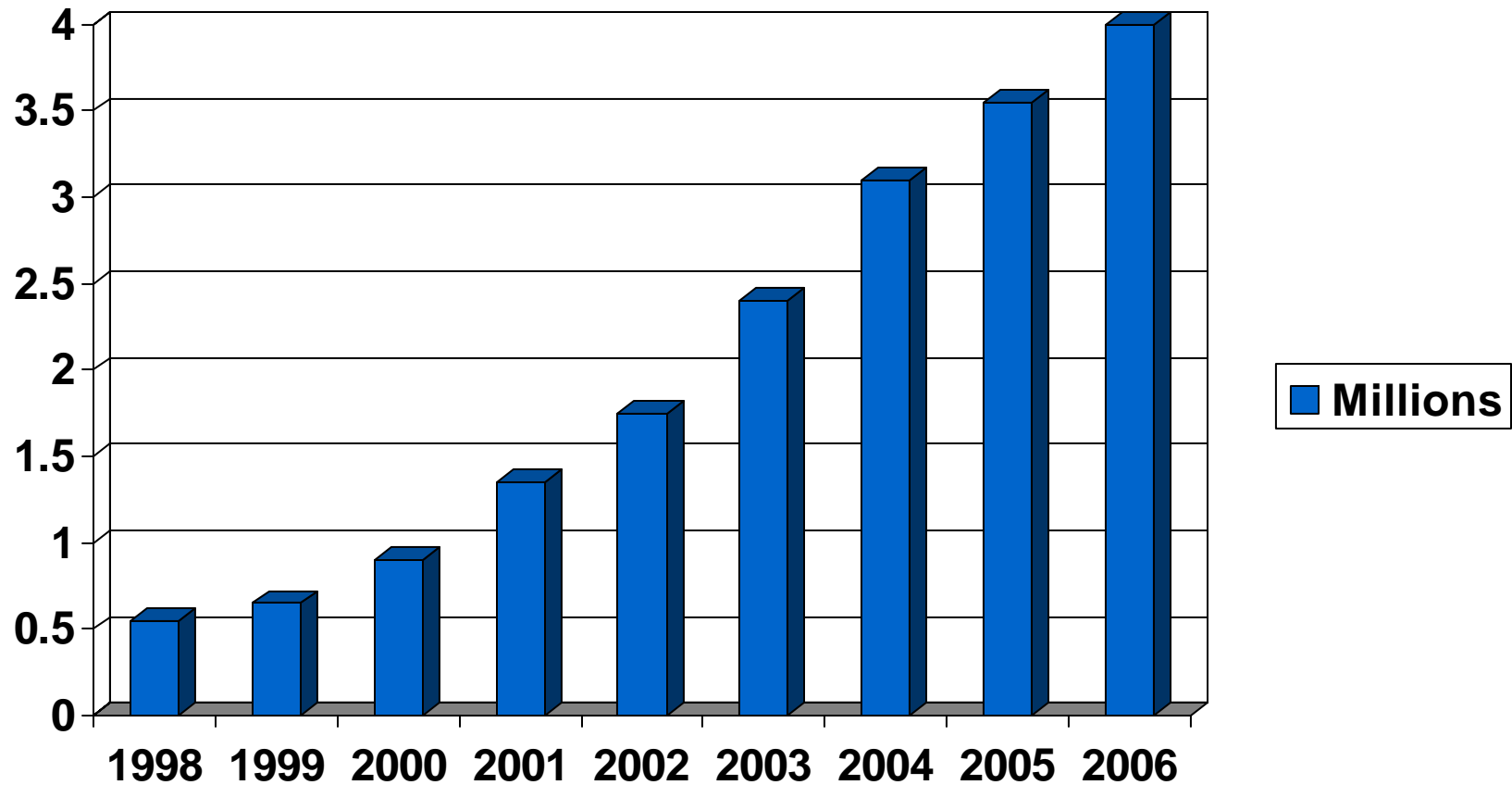
► Fatal drug overdoses in New Hampshire rose from 39 in 1995 to 105 in 2003, and chief state medical examiner Thomas Andrew determined that methadone was the key. In 2005, Andrew says, at least 52 of the 153 people who died from overdoses in the state had taken methadone. He suspects the trend continued in 2006.

► Florida has had a "steady increase" in methadone deaths since 2001, says Jennifer Cook Pritt of the Department of Law Enforcement.

► In West Virginia, where fatal methadone overdoses rose from 40 in 2001 to 116 in 2005, state legislators are holding hearings on a plan to limit the medical professionals who could prescribe the drug, says Del. Don Perdue, a Democrat who leads the health committee in the House of Delegates.

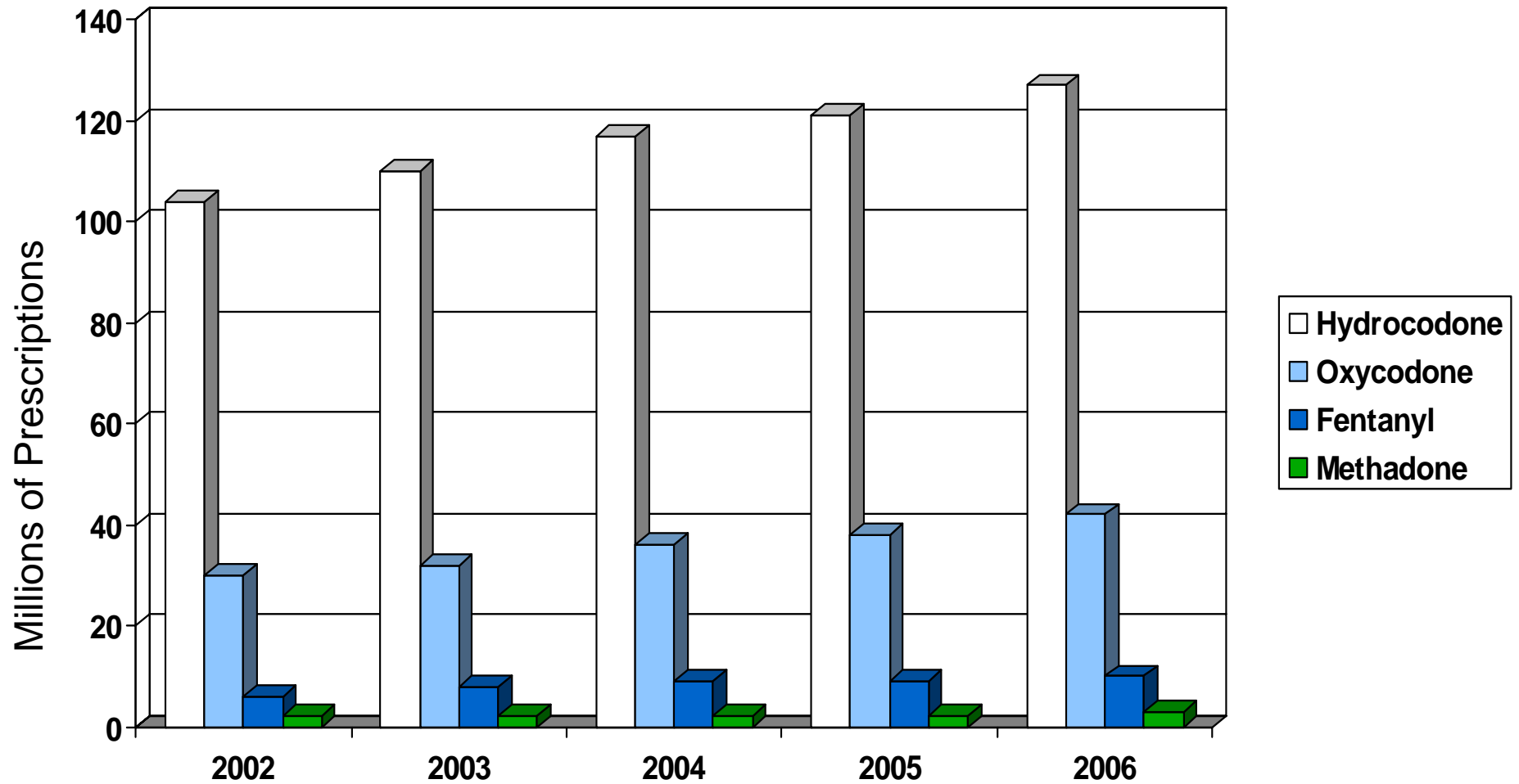
1. "Methadone Emerges as New Killer" by Charles Proctor, Times Staff Writer (February 26, 2007)
2. "Methadone: A Necessary Evil" BBC News (March 19, 2008)
3. "Mom Indicted After Child Drinks Methadone" by Kimberly Dick, Advocate Reporter (June 29, 2007)
4. "Middle School Girls Get Sick After Taking Methadone Pills" – The Kansas City Star (March 20, 2008)
5. Man Beaten Outside Methadone Clinic Has Dies by Terri Sanginiti, The News Journal (October 18, 2007)
6. Misuse of 'Bupe' is Found to be on Rise by Fred Schulte and Doug Donovan, Baltimore Sun (February 3, 2008)

Number of Prescriptions
Dispensed for Methadone
Source: IMS Health Prescription Audit



Increase in Number of Prescriptions for Methadone and 3 Other Opioids

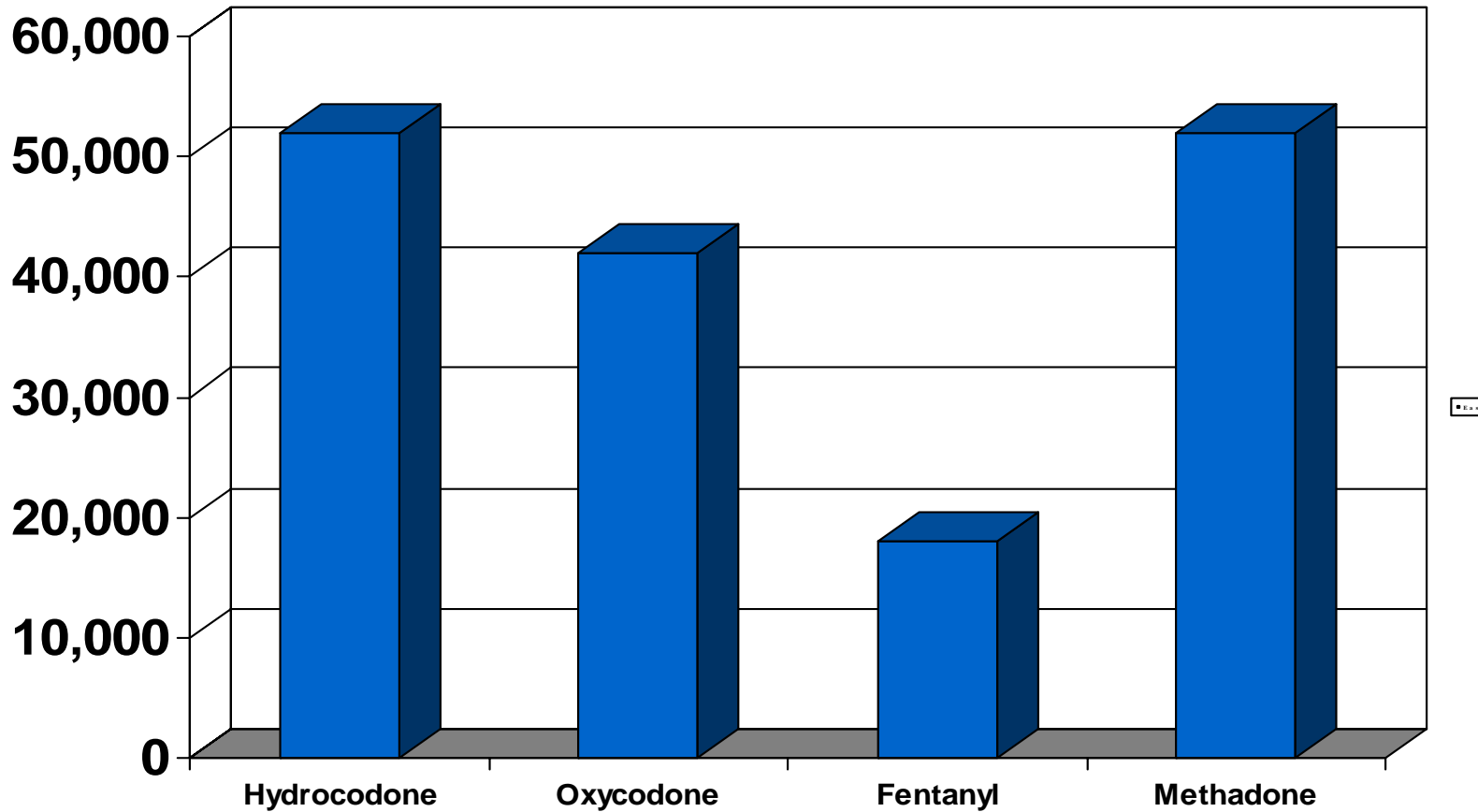
Source: IMS Health Prescription Audit



Note: In 2006, there were about 35 times more prescriptions dispensed for hydrocodone, 10 times more prescriptions for oxycodone, and twice as many prescriptions for fentanyl as for methadone.

DAWN Emergency Department Visits, 2005

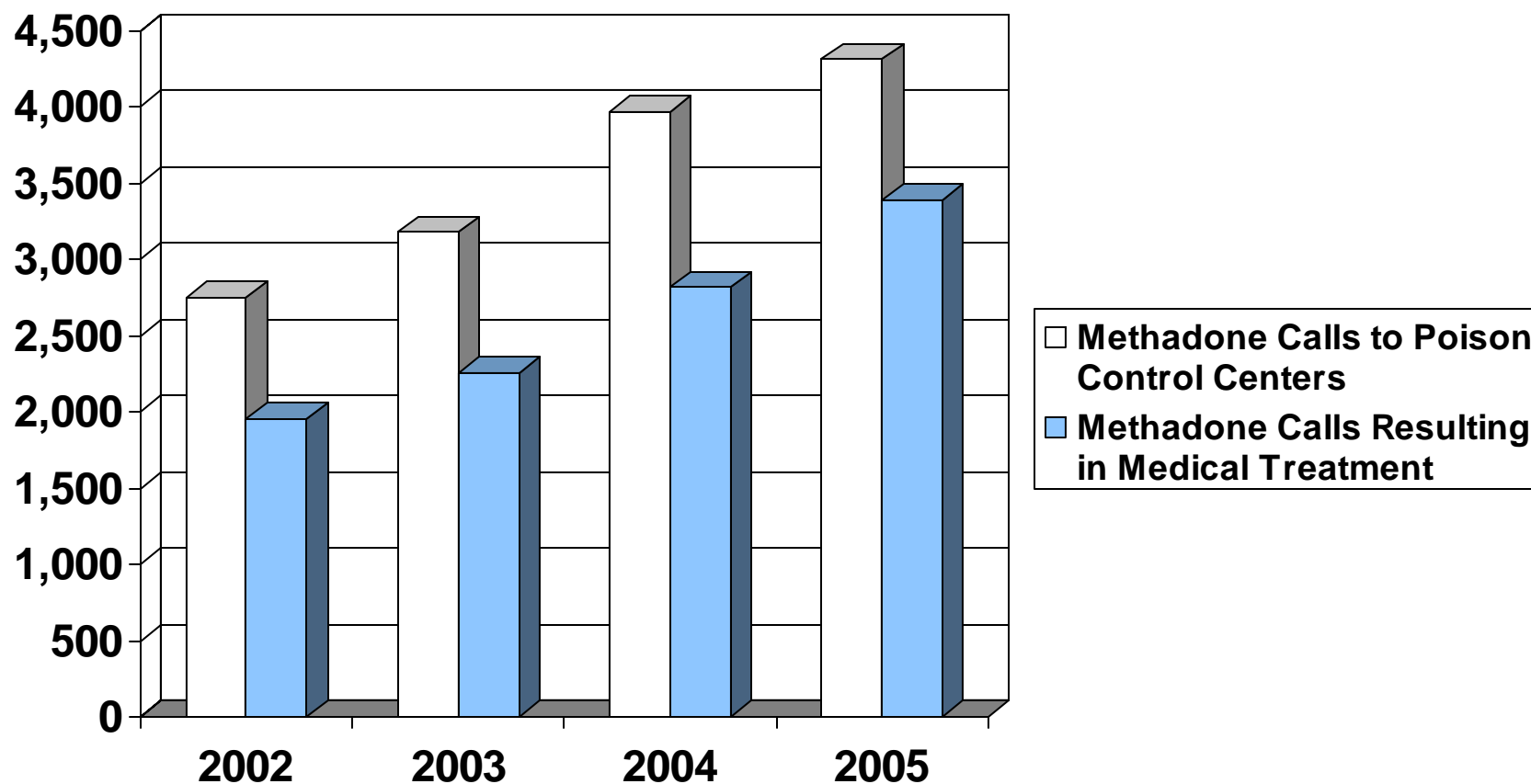
Source: Drug Abuse Warning Network (NIDA)



Methadone ranked 3rd among all opioid analgesics, 4th among all controlled pharmaceuticals and 8th among all controlled substances.

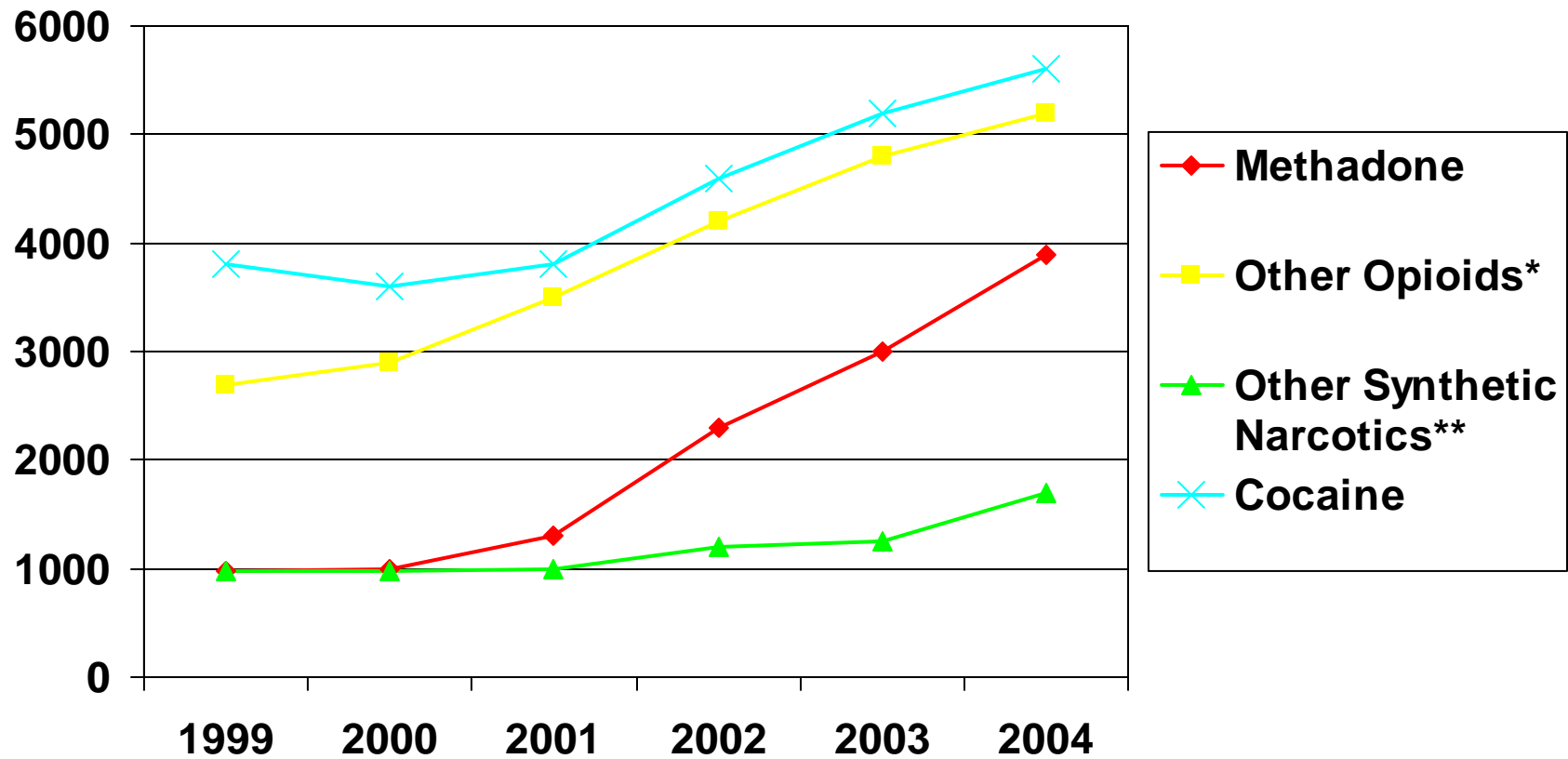
Methadone Calls to Poison Control Centers and Calls Resulting in Medical Treatment, 2002-2005

Source: American Association of Poison Control Centers



Poisoning Deaths in the U.S.

Source: Center for Disease Control (CDC)

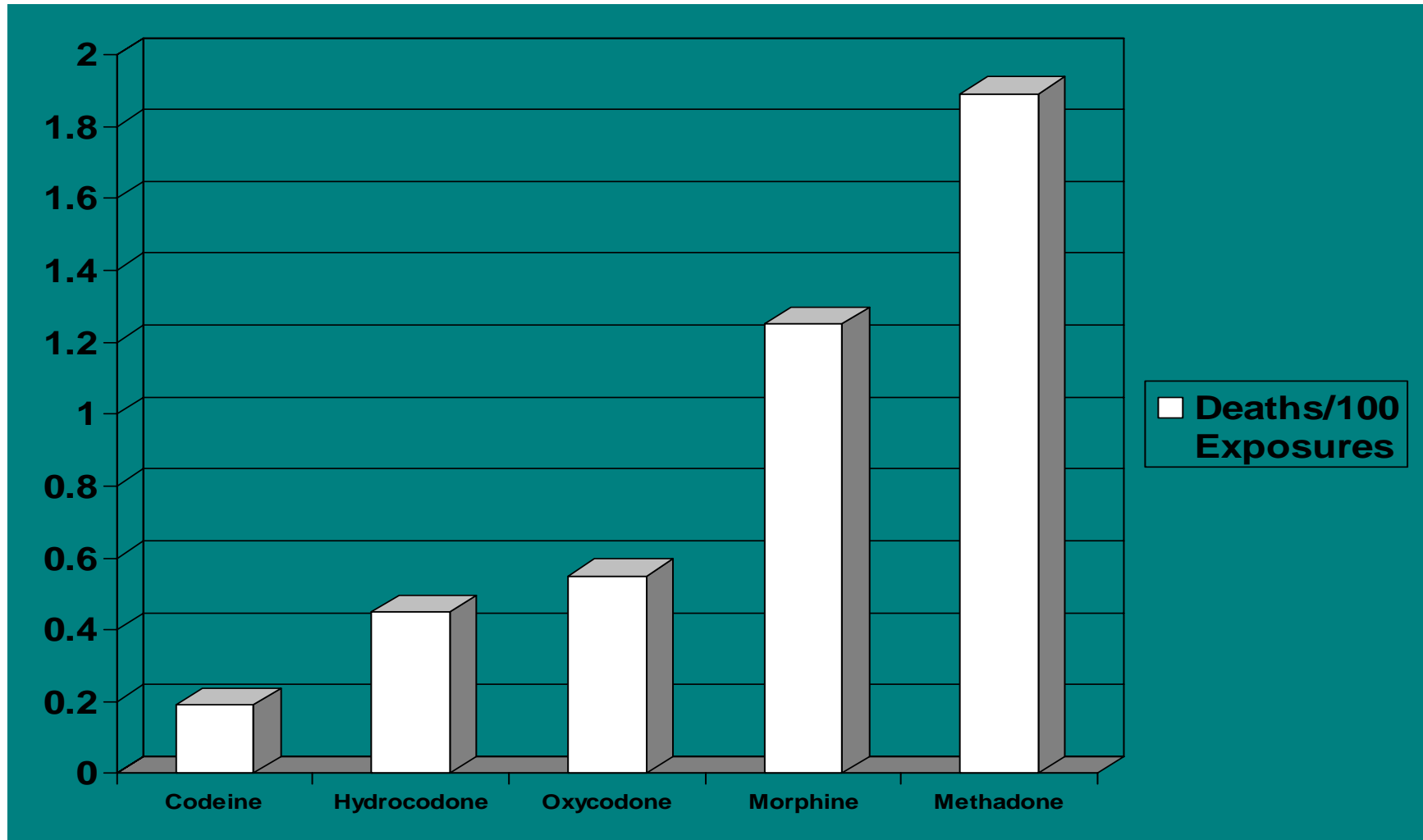


*Other Opioids include drugs like morphine, oxycodone, hydrocodone, hydromorphone

**Other Synthetic Narcotics include drugs like propoxyphene, fentanyl, meperidine

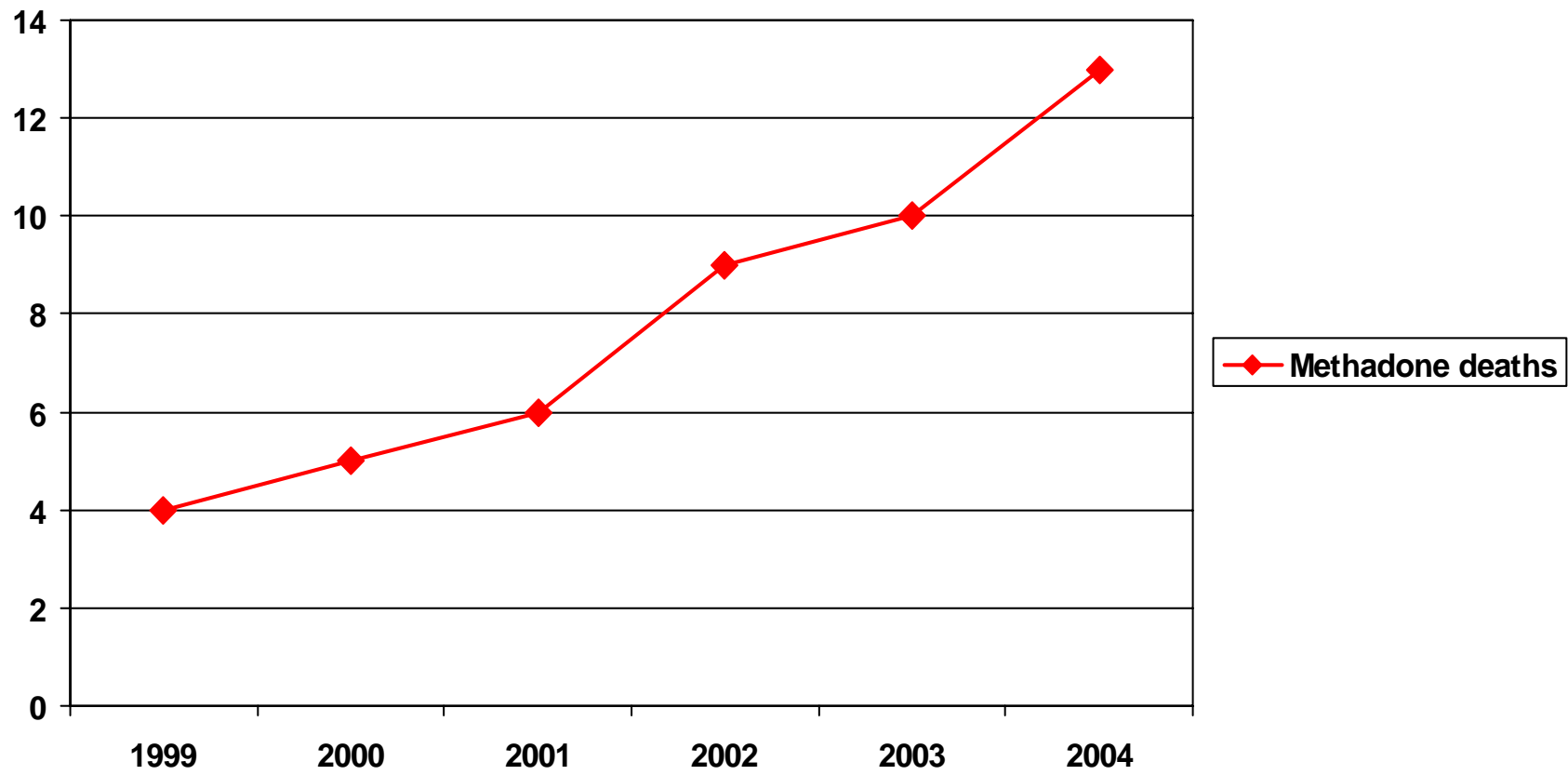
Poison Control Data, 2005

Number of Deaths Per 100 Exposures



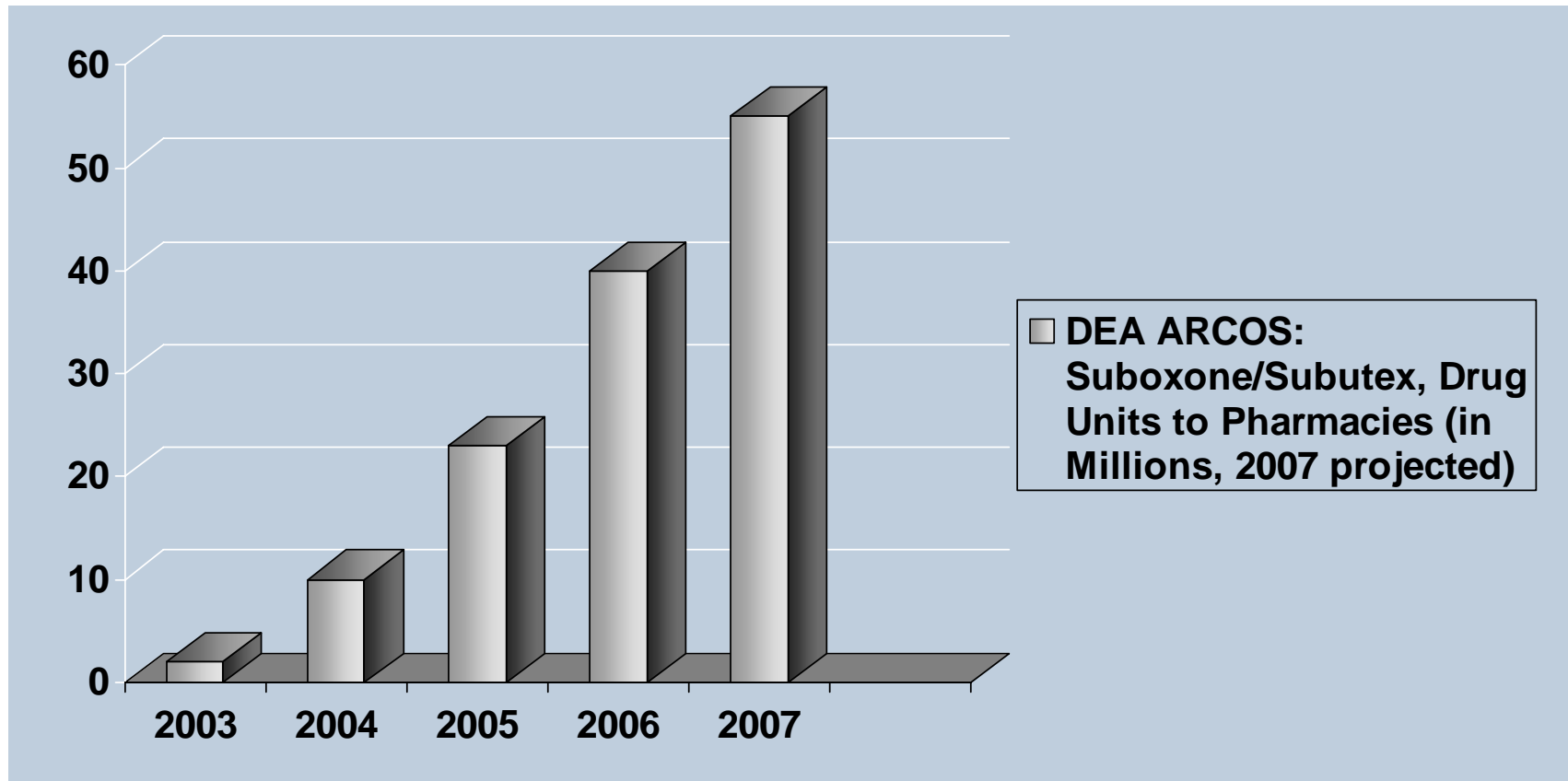
Source: American Association of Poison Control Centers (AAPCC)

Methadone Deaths Expressed as Percent of All Poisoning Deaths

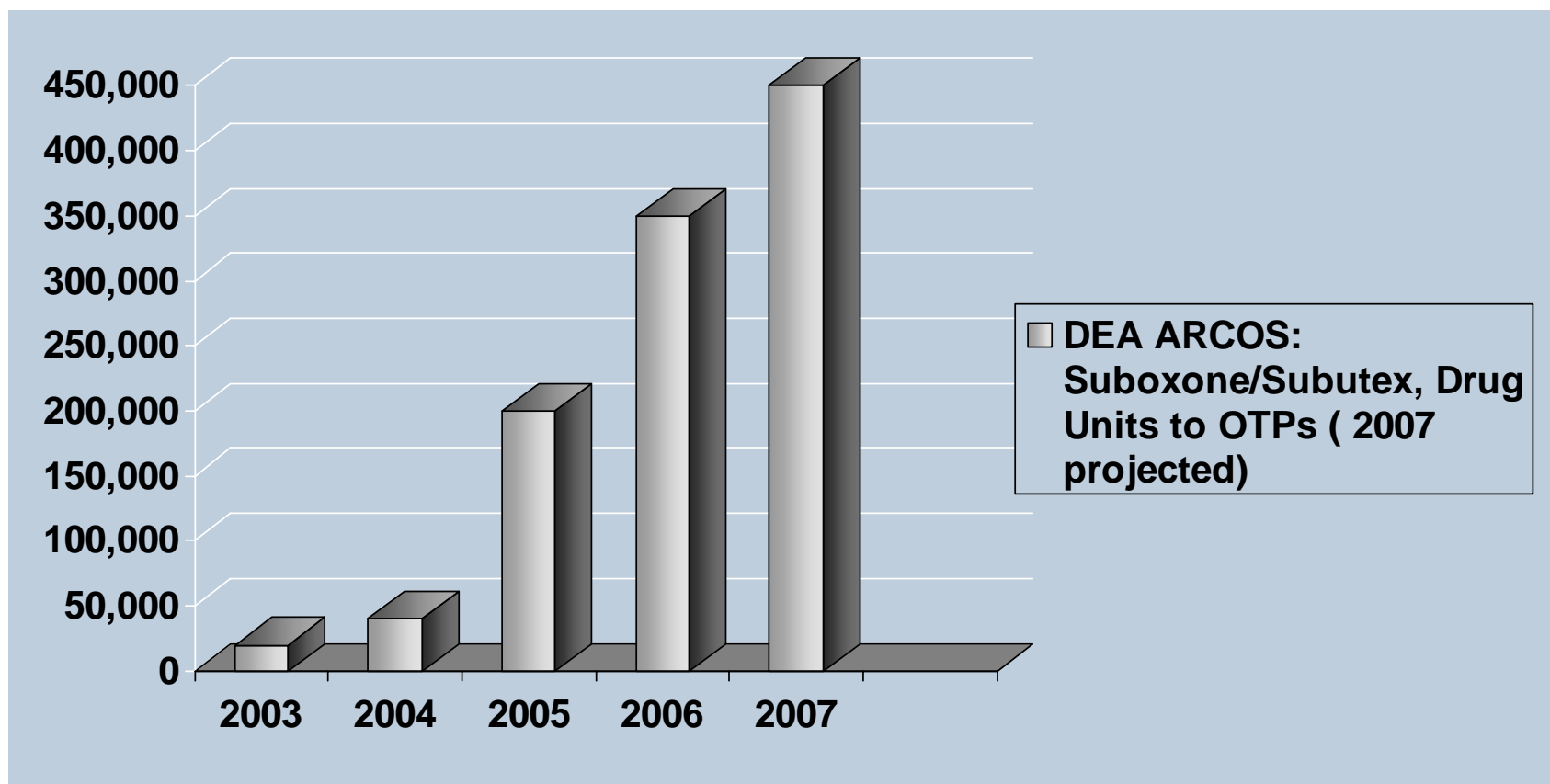


Source: Centers for Disease Control and Prevention (CDC)

2007 Update: Consistent Rise in Distribution of Buprenorphine to Pharmacies



2007 Update: Consistent Rise in Distribution of Buprenorphine to OTPs



2007: Update on Waivered Physicians

- As of September 30, SAMHSA has certified 11,906 physicians to use of Buprenorphine in office-based treatment of opioid abuse and dependence (more than twice the number 2 years ago)
- 7,383 (62%) of these are listed on the Buprenorphine Physician Locator System
- Almost 15,000 have been trained
- 2,189 physicians have indicated their intent to treat up to 100 patients
- The essential elements of the Physician Clinical Support System (PCSS) are a National Network of 72 trained physician mentors with expertise in buprenorphine treatment and skilled in clinical education, supported by national experts including:

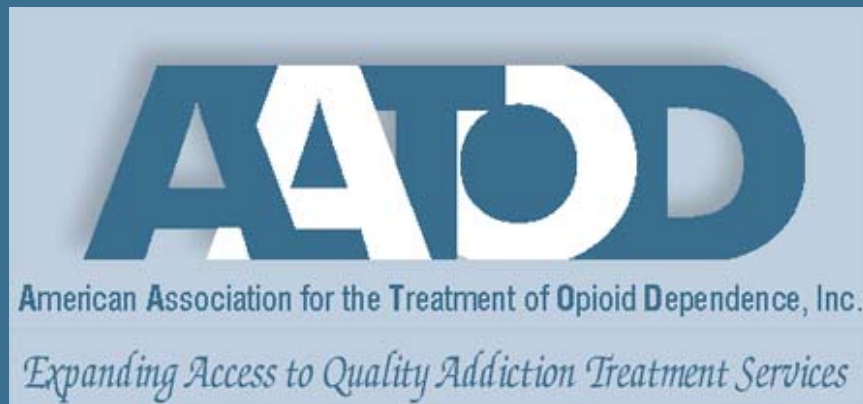
Paul Casadonte, M.D.; Judith Martin, M.D., Elinore McCance-Katz, M.D.; John Renner, M.D.; Andrew Saxon, M.D. and a Medical Director, David Feillin, M.D.



Changing Drug Use Patterns Among Patient Admissions to the Methadone Treatment Programs in the U.S.

American Association for the Treatment of Opioid
Dependence, Inc. (AATOD)

National Development & Research Institutes (NDRI)



Patient and opioid treatment program (OTP) participation

Data collected January 2005- June 2008

	<u>#</u>
States:	34
OTPs to date:	76
Subjects:	> 25,744

Demographics among OTP enrollees, by primary drug of choice

	Rx Opioid	Heroin
Age (Mean)	31.82	37.47
Age first used opioids	22	21.4
Gender (% Female)	39	35
Race		
White	97	54
African-American	2	23
Latino/a	1	20
Other	1	3
Major Income Source (%)		
Employment	60.2	37.1
Public Assistance	12	26.6
Family/Friends	19.2	22
Other	8.6	14

The two groups differ on all characteristics by $p \leq .001$
 January 1, 2005 – Present

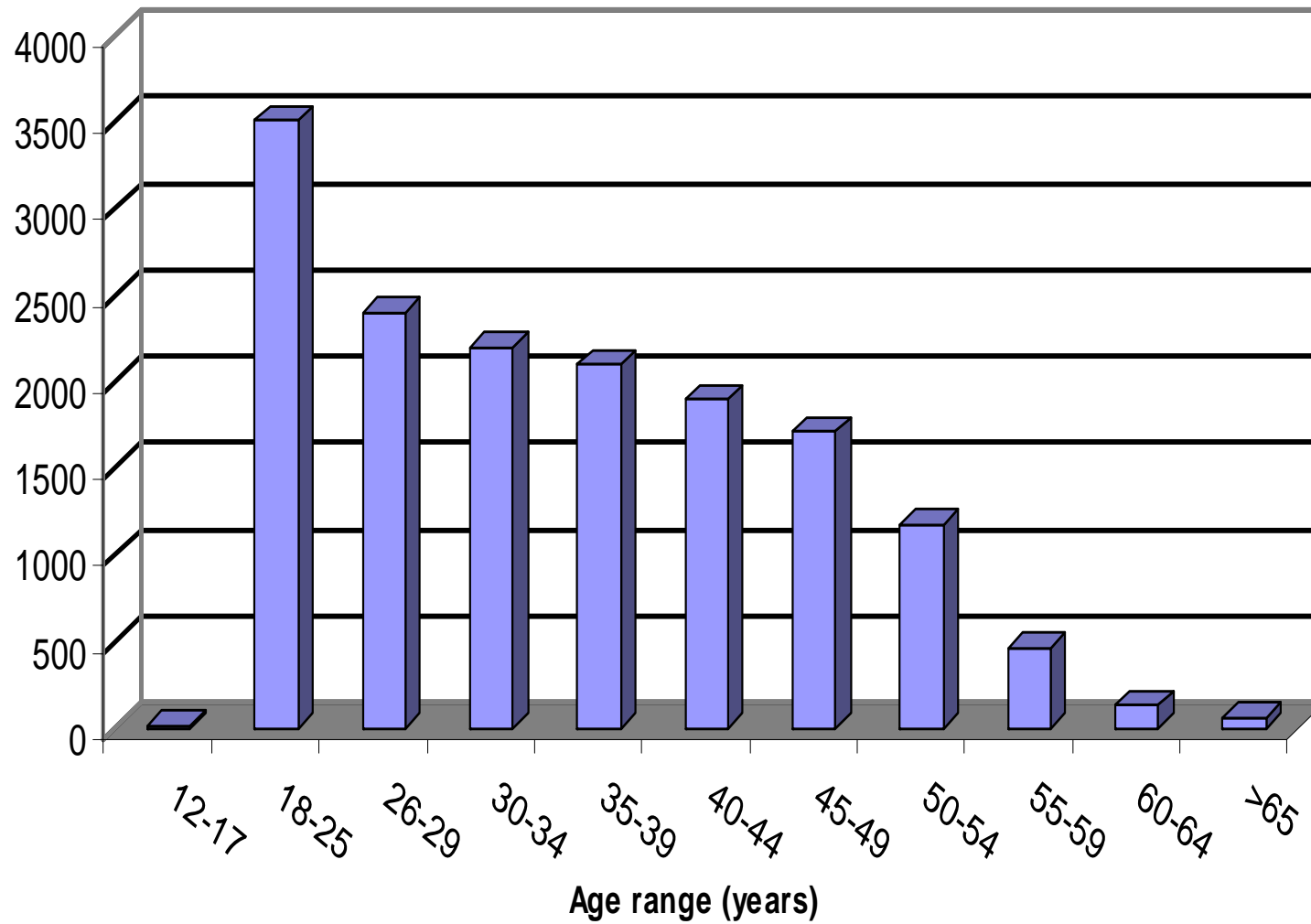
Characteristics among OTP enrollees, by primary drug of choice

	Rx Opioid	Heroin
First OTP episode (%)	70	31*
Chronic Pain (%)	45	32*
Pain a reason for enrolling in OTP (%)	33	32
Withdrawal pain (1-5); Mean	3.91	3.76*
Craving (1-5); Mean	4.47	4.29*
Ever injected primary drug (%)	33	77*

*p<.001

January 1, 2005 – Present

Age Distribution



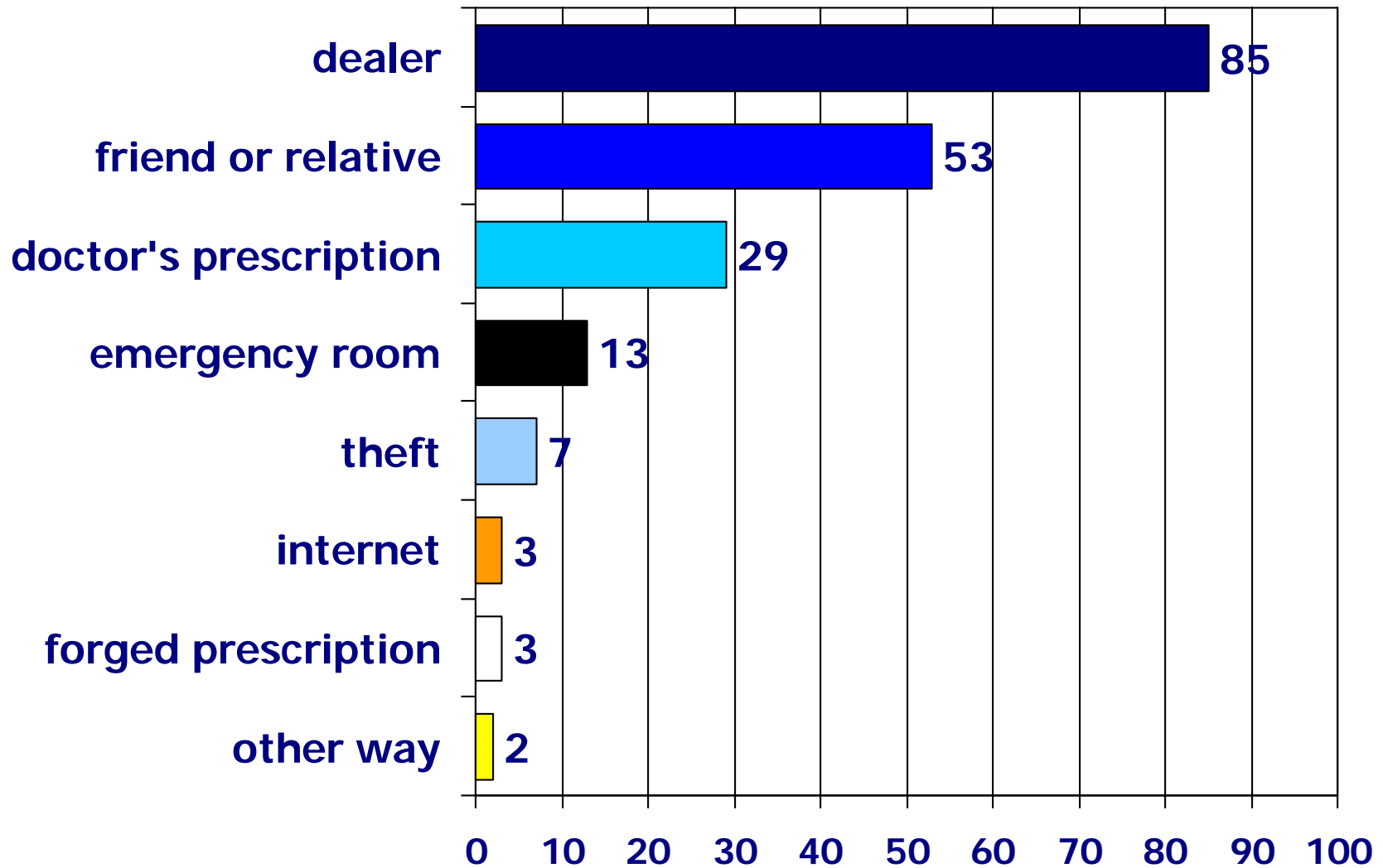
Prescription Opioid Abuse

Characteristics associated with prescription drug use (past 30 days)*

- low urbanicity
- White ethnicity
- No injection history (of primary drug)
- No previous methadone history
- Chronic pain
- Younger age
- Pain as reason for enrollment

* Order listed by strength of relationship

Source of primary RX opioid (%)





American Association for the Treatment of Opioid Dependence, Inc.

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American Association for the Treatment of Opioid Dependence, Inc.

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International Stakeholders,
Treatment Staff,
Policymakers and
Advocates!



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